

3762



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/869,923 Confirmation No.: 2930
 Applicant : William Suttle Peters et al.
 Filing Date : October 15, 2001
 Title : HEART ASSIST DEVICES, SYSTEMS AND METHODS
 Group Art Unit : 3762
 Examiner : Scott M. Getzow
 Docket No. : 13634.4005
 Customer No. : 34313

Mail Stop Fee-Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated December 5, 2003.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$0.00

CERTIFICATE OF MAILING
 37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Fee-Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: February 18, 2004

Lynne Fulmer
 Lynne Fulmer

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TECHNOLOGY CENTER R3700

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☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total New Claims	23	23	=	23	x	\$18.00	\$414.00
Total New Independent Claims	6	-	6	=	6	x	\$86.00
Multiple Dependent Claims	\$290.00	(if applicable)					\$0.00
TOTAL OF ABOVE CALCULATIONS							\$930.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input checked="" type="checkbox"/> \$465.00
Extension of Time (from above)							\$0.00
Assignment -- \$40 (if applicable)							<input type="checkbox"/> \$0.00
TOTAL FEES SUBMITTED HERewith							\$465.00

Respectfully submitted,

Dated: February 18, 2004

By: James W. Geriak
James W. Geriak
Reg. No. 20,233

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